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## \*BIBDATASHEET\*

CONFIRMATION NO. 8732

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/650,883	<b>FILING OR 371(c) DATE</b> 08/28/2003 <b>RULE</b>	<b>CLASS</b> 029	<b>GROUP ART UNIT</b> 3729	<b>ATTORNEY DOCKET NO.</b> 02-064D (ANSI01-00066)
<b>APPLICANTS</b> Mark G. Schrom, Hugo, MN; Paul J. Robinson, Mahtomedi, MN;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/500,213 02/08/2000 which is a CIP of 09/396,961 09/16/1999 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/19/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 28
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 36029				
<b>TITLE</b> NEUROSTIMULATING LEAD				
<b>FILING FEE RECEIVED</b> 831	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	